



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
**CERTIFICATE OF NONRESIDENCE/
ALLOCATION OF WITHHOLDING TAX**

FORM
MO W-4A
(REV. 09-2008)

This form is to be completed by a nonresident who performs a determinable percentage of services within Missouri.

NAME

SOCIAL SECURITY NUMBER

____ - ____ - ____

ADDRESS

CITY, STATE, ZIP CODE

EMPLOYEE: THIS FORM TO BE FILED WITH EMPLOYER — DO NOT SEND TO DEPARTMENT OF REVENUE

I hereby certify that I am a nonresident of the State of Missouri, and reside at the address stated above and perform services partly within and partly without Missouri. I estimate the proportion of services performed within Missouri and subject to the withholding tax to be _____ %. I will notify my employer within 10 days of any substantial change in proportion, or a change in status to resident of Missouri.

SIGNATURE

DATE

____ / ____ / ____

EMPLOYER: For information on how this allocation may be determined, please refer to the *Employer's Tax Guide* at **www.dor.mo.gov/tax**.